

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification:: 128/200
Suggested Group Art Unit:: 3600
CD-ROM or CD-R:: None
Title:: System and Method for Upgrading a Medical Device
Attorney Docket Number:: 00-22
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 4
Total Drawing Sheets:: 4
Small Entity?:: No
Petition included?:: No
Secrecy Order in Parent Appln.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: James
Family Name:: Pawlikowski
City of Residence:: Aspinwall
State or Province of Residence:: PA
Country of Residence:: USA
Street of mailing address:: 114 Third Street
City of mailing address:: Aspinwall
State or Province of mailing address:: PA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 15215

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Andrew
Middle Name:: L.
Family Name:: Shissler
City of Residence:: Delmont
State or Province of Residence:: PA
Country of Residence:: USA

Street of mailing address:: 124 Rock Springs Drive
City of mailing address:: Delmont
State or Province of mailing address:: PA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 15626

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Middle Name:: T.
Family Name:: Kane
City of Residence:: Delmont
State or Province of Residence:: PA
Country of Residence:: USA
Street of mailing address:: 320 Dogwood Drive
City of mailing address:: Delmont
State or Province of mailing address:: PA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 15626

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Winslow
Middle Name:: K.
Family Name:: Duff
City of Residence:: Export
State or Province of Residence:: PA
Country of Residence:: USA
Street of mailing address:: 3230 New England Lane
City of mailing address:: Export
State or Province of mailing address:: PA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 15632

Correspondence Information

Correspondence Customer Number:: 30031

Representative Information

Representative Customer Number:: 30031

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date:
This application	Non-Provisional of	60/256,021	12/15/00

Assignee Information

Assignee name:: Respironics, Inc.
Street of mailing address:: 1501 Ardmore Boulevard
City of mailing address:: Pittsburgh
State or Province of mailing address:: PA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 15221-4401